Summary of Focus Groups with Faith Community Nurses Regarding Emergency Preparedness

For: Montgomery County's Advance Practice Center for Public Health Emergency Preparedness and Response

Prepared by: Patricia A. O'Hare, DrPH, MS, RN

July 19, 2005

Amended July 19, 2005 (p.2 Types of emergency events)

Introduction

Montgomery County's Advanced Practice Center for Public Health Emergency Preparedness and Response proposes to develop a partnership with faith community nursing networks, coordinated by Holy Cross, Shady Grove Adventist, and Washington Adventist Hospitals to provide outreach to faith communities on emergency preparedness. The faith community is defined as a church, congregation, parish, synagogue, temple or mosque. Specifically the Faith Community Nurses (FCNs) will reach out to frail isolated elderly in their congregations. Team members of the Montgomery County's Public Health Services Emergency Preparedness and Response Program conducted three focus groups during April and May 2005. These data were analyzed and the common themes were identified. The report that follows provides more detail regarding the focus groups, the themes that emerged and the resultant FCN training needs.

Purpose, Procedures and Findings

The purpose of the focus groups was to collect information and to collaborate with the Faith Community Nurses (FCNs) to support their needs in preparing their congregations for an emergency event. As background information, it was explained at the beginning of each focus group that there are several types of emergency events that can affect us. As listed in the Montgomery County Department of Health and Human Services Policy and Operational Plan (April, 2004), examples of these types of emergency events are fire, hazardous materials, flood or flash flood, hurricanes, tornado, winter storm, communication failure, radiological accident, civil disturbance, explosion, terrorism, Metrorail accident, epidemic.

Although we cannot control these disasters, we can take steps to plan and prepare to be safe if one of these events occurs. This emergency planning and preparation is what was explored in the focus groups.

There were three focus groups. The Shady Grove Hospital Network focus group was conducted on April 20, 2005 with 15 participants. Of the 15 participants, 11 were FCNs, 3 were nursing students, and 1 was a Regional Disaster Response Coordinator. Their faith communities varied in size from 300 to 5,000 members with multicultural populations comprised of the elderly, infirmed individuals, young families and youth. The Washington Adventist Hospital/Columbia Union College Network focus group was conducted on May 23, 2005 with 11 participants. These faith communities ranged in size from 100 to 5,000 members including a large number of non-English speaking immigrants, transient students, immigrant families, middle age and elderly persons. There were also 11 participants at the Holy Cross Hospital Network focus group that was held on May 24, 2005. Their congregations varied in size from 500 to 10,000 members including young families and large numbers of elderly persons. It is not known whether the FCNs in the focus groups were full-time or part-time, volunteer or paid. However, it is known that there are very few full-time paid FCNs in this area. Consequently, the FCN does not function in the same way in every faith community. The roles of the FCN are varied and the expectations of the congregations also vary.

For some of the participants emergencies were defined as cardiac arrests or individual illnesses and the FCNs were most concerned about CPR and First Aid training. They voiced that emergency preparedness was overwhelming but that they were eager to participate. One of the churches had a detailed emergency evacuation plan developed by

a member of the parish that the FCN was willing to share. Others had fire drills during services and had evacuation plans posted above light switches. One faith community had served as a temporary shelter for several hours for nursing home residents during an incident that required evacuation of the nursing home. However, the majority of the participants said that "there were no emergency preparedness programs and no specific emergency disaster plans" for their churches. All of the FCNs said that they "needed help in disseminating emergency preparedness information to the ministerial staff and their faith communities". However they identified two challenges: (1) complacency of the population regarding disasters and preparedness accompanied by the feeling that there are more pressing issues; and (2) mixed "faith communication" messages, specifically that "resistance will be met because of the idea that faith in God will make things right".

In addition, some of the FCNs had no idea of the number or location (addresses) of frail seniors, disabled persons or isolated elderly in their faith communities. One of the FCNs suggested that visitation programs were needed to help homebound elderly develop disaster plans. A couple of the FCNs had lists of some elderly with special needs or had assigned a "shut-in" to a church member who was to maintain telephone contact. However, it was apparent that a "needs assessment" of the elderly in the faith community was vital. This "needs assessment" would identify who the frail/isolated elderly in the faith community were, where they lived, and what their resources and needs were. It was said that "disaster awareness preparation needed to be raised" and also the awareness of "individual responsibility" for such preparation.

In the multicultural, multilingual faith communities there were additional concerns. One was the need for bilingual personnel. The other was the concern that

some immigrants “may not have the money for basic emergency supplies and may be non-English speaking”.

The FCNs emphasized that the “church leaders and administrative staffs must support the disaster plans”. In discussing training needs of the FCNs, they raised the need for training sessions for pastors, ministerial staff and health ministers. Indeed, the FCNs saw two levels of training as being essential, one for the health professional (FCN) and the other for the lay health ministry and other interested persons. During this discussion, possible days of the week, times, locations and access to public transportation were also mentioned as important planning considerations. Some of the FCNs said they would not attend a training program if there was a fee while others said that a small fee was not a problem. One of the focus groups also mentioned the use of online resources such as the CDC training site and the American Red Cross and also asked that a box of disaster preparedness materials be given to them. A few participants suggested that there could be a sample disaster supplies kit on display at the church that could be used for demonstration purposes. Also emergency topics could be placed in the faith community bulletin or newsletters, “File for Life” magnets could be given to the elderly and emergency preparedness information booths included in health fairs.

Conclusion

The overall purpose of the focus groups was to identify the public health emergency preparedness knowledge, attitudes, barriers and practice of FCNs in Montgomery County. The anticipated outcome from the focus groups is the partnering

with FCNs to provide pre-event emergency preparedness educational efforts to populations with special needs, specifically the frail elderly. The findings were:

- Develop a training program for the FCNs that would include content on "needs assessments" for faith communities, pre-event preparation, and available resources
- Develop a program for the clergy and administrative staff since their support is essential for success
- Develop resource lists – online resource sites, videos of mock disaster drills and of coping, literature available from various sources such as the American Red Cross, the county, etc.
- Explore how the FCNs could interface with county emergency preparedness personnel.

Based on the input from the focus groups, these FCNs are eager and willing to participate.